

ANALYST APPLICATION TO PERFORM ALCOHOL TESTS

Complete this form to request a permit to perform blood and/or urine alcohol tests per s. 343.305(6)(a), Wis. Stats. The permit is valid for one year beginning January 1 and ending December 31 and is subject to suspension or revocation if proficiency monitoring reveals an unsatisfactory quality of testing performance. Personal information collected on this form will be used for permit approval purposes only. Failure to provide complete information will result in a delay of permit approval. Collection of the applicant's social security number is required by ss.343.305(6)(e), and 73.0301, Wis. Stats. Failure to supply the number may result in the denial of the application. The number will be disclosed only to the Department of Revenue for use in collection of tax delinquencies and to the Department of Workforce Development for use in administration of child and spousal support programs.

RETURN THIS APPLICATION TO:
Supervisor, Clinical Laboratory Unit
Wisconsin Division of Disability & Elder Services
Bureau of Quality Assurance
2917 International Lane, Suite 300
Madison Wisconsin 53704

Name - Applicant (please print or write clearly)		Social Security Number
Address	City	State / Zip
College or University		

City / State

Degrees	Year Conferred	Majors
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CHEMISTRY CREDITS		REGISTRATION BY		
Semester	Quarter	Organization	Year	Number

Pertinent Testing Experience (specify) and / or Attach Current Resume

EMPLOYER(S)—INCLUDE CURRENT EMPLOYER		
Name	Address	Dates Employed

Signature - Applicant	Date Signed
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Title (if any)

Current Laboratory Name

Address

MINIMUM REQUIREMENTS FOR PERMIT

1. A bachelor's degree in chemistry or related scientific discipline; and two years of pertinent chemical laboratory experience.
2. In lieu of requirements in 1., four years of college education, or four years of clinical or chemistry laboratory experience, or equivalent combinations of education and experience.